AdventHealth Ocala

2020-2022

COMMUNITY HEALTH PLAN

Florida Hospital Ocala Inc., d/b/a AdventHealth Ocala

Approved by Hospital Board on: May 8, 2020

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Extending the Healing Ministry of Christ

AdventHealth

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Acknowledgements

This community health plan was prepared by Kimberly Williams and Bradley McLarty, with contributions from members of AdventHealth Ocala Community Health Needs Assessment Committee representing health leaders in the community and AdventHealth Ocala leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan, which will enable our teams to continue fulfilling our mission of *Extending the Healing Ministry of Christ*.

OVERVIEW

Florida Hospital Ocala d/b/a AdventHealth Ocala will be referred to in this document as AdventHealth Ocala or the "Hospital."

Community Health Needs Assessment Process

AdventHealth Ocala in Ocala, FL, conducted a community health needs assessment in 2019. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations.

In order to ensure broad community input, AdventHealth Ocala created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met throughout 2018-2019. The members reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital, and helped develop the Community Health Plan (CHP) to address the priority issues.

The CHP lists targeted interventions and measurable outcomes for each priority issue noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

Priority Issues to be Addressed

The priority issues to be addressed include:

1. Behavioral Health
2. Obesity/Overweight/Obese/Lack of Physical Activity and Diabetes
3. Poor Dental Health and Uninsured/Underinsured (Lack of Medical Insurance)
4. Low Food Access/Food Insecurity

See Section 3 for goals, objectives and next steps for each priority selected to be addressed.

Priority Issues not to be Addressed

The priority issues that will not be addressed include:

1. Heart Disease

See Section 4 for an explanation of why the Hospital is not addressing these issues.

Board Approval

On May 8, 2020, the AdventHealth Ocala Board approved the Community Health Plan goals, objectives and next steps. A link to the 2020 Community Health Plan was posted on the Hospital's website prior to May 15, 2020. The Community Health Plan can be found at https://www.adventhealth.com/community-health-needs-assessments.

Ongoing Evaluation

AdventHealth Ocala's fiscal year is January – December. Implementation of the 2020 CHP begins upon its approval by the Board. The first annual evaluation will begin from the date of implementation through the end of the calendar year. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Ocala at https://www.adventhealth.com/community-health-needs-assessments.

CHP PRIORITY 1

Behavioral Health

The burden of mental illness in the United States is among the highest of all diseases and mental disorders are among the most common causes of disability for adults, children and adolescents. When mental health disorders are untreated, those affected are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug misuse, violent or self-destructive behavior and suicide. Suicide is the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34. In the AdventHealth Ocala Primary Service Area (PSA), the rate of death due to self-harm (suicide) is 19 per 100,000 of the population, which is higher than the state rate of 14 per 100,000 of the population. Roughly 20% of the Medicare-fee-for-service population in the PSA are depressed, which is slightly higher than the state average of 18%.

One of the unhealthy and unsafe behaviors that results from behavioral health disorders is tobacco usage. Tobacco usage is the leading preventable cause of death in the United States. Since 1964, 20 million people in the U.S. have died from smoking-related illnesses. Tobacco use can cause a wide range of health issues including cancer, heart disease, diabetes, oral health diseases and harmful reproductive effects. More than 30 million adults in the U.S. smoke cigarettes and more than 50 million are exposed to secondhand smoke, which is just as a harmful as smoking. Secondhand smoke can cause heart disease and lung cancer in nonsmokers as well as asthma, sudden infant death syndrome (SIDS) and other respiratory infections in infants and children. In the AdventHealth Ocala PSA, an estimated 50,096, or 21%, of adults age 18 or older self-report currently smoking cigarettes some days or every day. In the Hospital PSA, 24.1% of adults are currently smoking cigarettes, which is higher than the state percentage of 19%.

Alcohol misuse is another unhealthy and unsafe behavior related to behavioral health disorders. Excessive use of alcohol can have immediate health effects, including unintentional injury, violence, alcohol poisoning, risky sexual behaviors and miscarriage among pregnant women. It can also have long-term health effects, including high blood pressure, heart disease, liver disease, dementia, depression and cancer. Underage drinking, or alcohol consumption by those under the age of 21, has been linked to death from alcohol poisoning, suicide, unintentional injury and alcohol dependence later in life. In the U.S., excessive alcohol use was the cause of 1 in 10 deaths among adults between the

ages of 20-64. In 2010, people under the age of 21 accounted for 189,000 ER visits for injuries and other conditions related to alcohol use. In the AdventHealth Ocala PSA, an estimated 34,566, or 15%, of adults aged 18 and older self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because it may illustrate a cause of untreated mental and behavioral health needs.

AdventHealth Ocala aims to establish new community partnerships with local organizations, leaders and stakeholders to implement strategies that will reduce the stigma associated with behavioral health by increasing public awareness with behavioral health education and training opportunities.

Goal	**Improve access to behavioral health care by providing funding for in-patient care treatment.**
Objective	Increase the number of in-patient treatment days for underinsured/uninsured individuals with acute or chronic mental illness residing in the Hospital's PSA to three days of in-patient treatment at The Centers (a healing place, offering mental health services and substance abuse services) from a baseline of zero days by the end of year three (December 31, 2022).
Goal	**Reduce the stigma associated with mental illness in youth and adults by providing access to health education to help communities better understand and respond to signs of mental illness and substance use disorders**
Objective	Increase the number of Mental Health First Aid USA certification training classes provided for free to community members residing in the Hospital's PSA to three certification classes from a baseline of zero certification classes by the end of year three (December 31, 2022).
Objective	Increase hospital support of local advocacy groups that provide resources, interventions and support to adults and youth who are affected by mental illness in the Hospital's PSA by supporting three advocacy groups from a baseline of zero by the end of year three (December 31, 2022).
Objective	In partnership with The Centers, Marion County National Association on Mental Illness (NAMI) and Marion County National Alliance on Mental Illness, create and implement three local social media campaigns to raise awareness of mental health (sharing both the challenges of the problem and success stories of overcomers) from a baseline of zero by the end of year three (December 31, 2022).
Goal	**Increase community-level partnerships to enhance local efforts to address social determinants of health that impact mental health.**
Objective	Increase the number of Marion County NAMI Connection Recovery Support Groups provided for free to adults residing in the Hospital's PSA by providing support for six support group sessions from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase the number of underinsured and uninsured community members referred to FreeD.O.M. Clinic USA Freedom Clinic for behavioral health services to 75 community members from a baseline of zero by the end of year three (December 31, 2022).

Objective Increase the amount of paid staff time for Hospital staff/team members to volunteer with community organizations addressing mental health from a baseline of zero hours to 300 hours by the end of year three (December 31, 2022).

Hospital Contributions

- Community benefit staff to manage, implement and evaluate community behavioral health strategies to reduce stigma and increase community awareness.
- Provide free Mental Health First Aid certification classes to Marion County community members (cover cost of training materials, certifications, meals, staff training, etc.).
- Cover costs associated with training community benefit staff as Mental Health First Aid USA instructors.
- Community benefit staff to work with the AdventHealth Care 360 Transition[1] Specialist to track and report referrals to internal and external resources to address behavioral health.
- Community benefit staff to actively participate in community meetings with partners addressing behavioral health.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing behavioral health.
- Provide Hospital staff four hours of paid time per quarter to participate in volunteer activities addressing behavioral health.

Community Partners

- NAMI Marion County to explore and expand additional community benefit partnerships to increase awareness of and access to behavioral health resources, training opportunities and services.
- FreeD.O.M. Clinic USA (a mobile clinic that provides free dental care, optical care, and medical care for Marion County residents) to explore and expand community benefit partnerships to increase access to behavioral health care services for underinsured/uninsured community members.
- Strengthen collaborative relationships with local sites (churches, community centers, schools) to support community efforts to address mental health.

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[1] AdventHealth's Care 360 Transition teams assist the patient by conveniently connecting the patient with health care resources and services needed for a successful recovery before leaving our hospital.

CHP PRIORITY 2

Obesity/Overweight/Obese, Lack of Physical Activity and Diabetes

According to the Centers for Disease Control and Prevention, an individual is considered obese when their weight is higher than what is considered a healthy weight for a given height. Body Mass Index (BMI), a number based on weight and height, is used to measure obesity. Obesity can be caused by behavioral and genetic factors. Another factor that contributes to obesity is the built environment. For example, where one lives, and/or if one has access to healthy food and the ability to exercise outside. From 2015–2016, obesity affected about 93 million adults and 13 million children in the U.S. In the AdventHealth Ocala Primary Service Area (PSA), 31% of adults are obese (BMI greater than 30), which is higher than the state average of 26.6%. Additionally, 37% of adults in the PSA are considered overweight (BMI between 25 and 30) and 30% of adults aged 20 and older self-report no leisure time for physical activity.

Serious health complications, including high blood pressure, high cholesterol, heart disease, osteoarthritis and some cancers, can be caused by obesity. Diabetes, which is the seventh leading cause of death in the U.S. affecting 29 million people, can also be caused by obesity. More than 80 million people in the U.S. are pre-diabetic meaning they are at an increased risk of developing diabetes in the next few years. When diabetes goes untreated it can lead to more serious health issues such as vision loss, heart disease, stroke, nerve and kidney diseases. In the AdventHealth Ocala PSA, 10% (33,664) of adults have been diagnosed with diabetes, which is higher than the state average of 9%.

AdventHealth Ocala is committed to working together with local community organizations and stakeholders to implement effective strategies to address obesity lack of physical activity and diabetes in communities.

Goal	**Increase access to diabetes education by supporting community organizations and other stakeholders offering health education and resources.**
Objective	Increase access to diabetes education among underserved community members residing in the Hospital's PSA by sponsoring costs of six Diabetes Self-Management Education and Support (DSMES) community classes offered by the Florida Department of Health in Marion County from a baseline of zero classes by the end of year three (December 31, 2022).
Objective	Increase access to DSMES classes at Florida Department of Health in Marion County by referring 150 underserved/uninsured adults residing in the Hospital's PSA from a baseline of zero adults by the end of year three (December 31, 2022).
Goal	**Implement strategies to support existing community initiatives aimed to address the problem of obesity in the Hospital's PSA.**
Objective	Increase access to chronic disease management classes offered by the Florida Department of Health in Marion County for underserved adults in the Hospital's PSA by sponsoring costs of six classes from a baseline of zero classes by the end of year three (December 31, 2022).
Objective	Increase access to community lunch-n-learn health education series sessions offered by the Active Marion Project for underserved adults in the Hospital's PSA by sponsoring cost of three classes from a baseline of zero by the end of year three (December 31, 2022).

Hospital Contributions

- Community benefit staff to manage, implement and evaluate community health strategies to address obesity, lack of physical activity and diabetes.
- Provide sponsorship to Florida Department of Health in Marion County to offer free community chronic disease management classes (cover cost of training materials, provide meeting room space, meals, etc.).
- Provide sponsorship to Active Marion Project to offer free community lunch-n-learns classes (cover cost of training materials, provide meeting room space, meals, etc.).
- Community benefit staff to work with the AdventHealth Care 360 Transition Specialist to track and report referrals to internal and external resources to address obesity, lack of physical activity and diabetes.
- Community benefit staff to actively participate in community meetings with partners addressing obesity, lack of physical activity and diabetes.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing obesity, lack of physical activity and diabetes.
- Provide Hospital staff four hours of paid time per quarter to participate in volunteer activities addressing obesity, lack of physical activity and diabetes.

Community Partners

- Active Marion Project to explore and expand additional community benefit partnerships to increase awareness of obesity, lack of physical activity and diabetes.
- Florida Department of Health in Marion County to explore and expand community benefit partnerships to increase access to obesity, lack of physical activity and diabetes for underinsured/uninsured community members.
- Strengthen collaborative relationships with local sites (churches, community centers, schools) to support community efforts to address obesity, lack of physical activity and diabetes.

CHP PRIORITY 3

Poor Dental Health and Uninsured/Underinsured

Many oral diseases can be prevented with routine care and regular dental checkups. The health of the teeth, the mouth and the surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Lack of access to dental care for all ages remains a public health challenge. In the AdventHealth Ocala Primary Service Area (PSA), the access to dentists rate is 38 per 100,000 of the population (in 2015), as compared to the state rate of 56.

Access to health care is the equitable use of health services to achieve the highest level of health. Barriers to accessing health care services include cost of care, insurance coverage, availability of services and culturally competent care. Failure to overcome these barriers leads to delayed care, health complications and financial burdens. Accessing health care services is vital to prevent and treat diseases thereby reducing the likelihood of disability and premature death. In the AdventHealth Ocala PSA, 19% of adults (slightly higher than the state average of 18%) and 6% of children are uninsured or without medical insurance.

AdventHealth Ocala will collaborate with local community organizations and stakeholders to implement effective strategies to prevent oral diseases by providing health education in the community and increasing access to dental health services.

Goal	**Implement strategies to support community efforts to improve access to primary care and dental care providers.**
Objective	Create a volunteer network of local dentists to volunteer at local community mobile dental clinics to provide free dental services to underinsured/uninsured adults residing in the Hospital's PSA by mobilizing three volunteer dentists from a baseline of zero by the end of year three (December 31, 2022).
Objective	Partner with FreeD.O.M. Clinic USA to offer oral health training workshops to staff from local community organizations to increase access to oral health education and dental services for underinsured/uninsured adults residing in the Hospital's PSA. The Hospital will sponsor costs to train six community health providers from a baseline of zero by the end of year three (December 31, 2022).
Goal	**Increase partnerships with local community organizations with existing resources to offer community members assistance with enrolling in health insurance coverage**
Objective	Partner with Florida Department of Health in Marion County to create and implement workshops on "Navigating the Healthcare Plan" for adults residing in the Hospital's PSA by six workshops from a baseline of zero workshops by the end of year three (December 31, 2022).

Hospital Contributions

- Community benefit staff to create volunteer network of dentists to volunteer at local community mobile dental clinics.
- Cover costs to train community health providers in oral health education workshops.
- Provide community benefit staff to manage, implement and evaluate community strategies and partnerships.
- Community benefit staff to actively participate in community meetings with partners addressing dental health.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing dental health.

Community Partners

- FreeD.O.M. Clinic USA., a local non-profit delivering free dental services for underinsured/uninsured adults.
- Florida Department of Health in Marion County to provide underinsured/uninsured individuals and families assistance with enrollment into local and federally funded health insurance plans.
- Strengthen collaborative relationships with local sites (churches, community centers, schools) to support community efforts to address dental health.

CHP PRIORITY 4

Low Food Access/Food Insecurity

The U.S. Department of Agriculture (USDA) defines food insecurity as the limited or uncertain availability of nutritionally adequate foods for an active, healthy life for all household members. Low food access is defined as living more than half a mile in an urban area or more than 10 miles in a rural area from the nearest supermarket, supercenter or large grocery store. The ability to easily access and afford food greatly influences diet and overall health. People who have low food access face greater barriers to affordable and healthy food, which can negatively affect health and wellness. Food insecurity also increases risks for obesity. In the AdventHealth Ocala Primary Service Area (PSA), a total of 50,435 households are food insecure, which represents an estimated 16.8% of the total population that experienced food insecurity at some point during the 2014 report year. Those households are ineligible for state or federal nutrition assistance. Furthermore, an estimated 28% (16,007) of the population under age 18 experienced food insecurity at some point during the 2014 report year.

AdventHealth Ocala will address this priority through AdventHealth' s Food is Health® program. The Food is Health® program is a regional initiative, which appears on multiple Community Health Plans. However, the projected and reported numbers below are specific to AdventHealth Ocala. The Food is Health® program is provided at no cost for community members who do not have the means or transportation to include fresh vegetables and fruits in their diet. Food is Health® reaches into communities to improve the overall health and wellness of adults living in food deserts or low-income/low-access areas. AdventHealth is committed to working together with local community organizations and stakeholders to implement effective strategies to address access to healthy food in communities.

Goal	**Increase access to culturally appropriate nutritious food options in food desert or low-income/low-access areas by implementing the Food is Health program.**
Objective	Provide the Food is Health® program to low-income families in the PSA by offering two class series from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase participation in the Food is Health® program among low-income individuals and families in the Hospital's PSA to 20 participants from a baseline of zero by the end of year three (December 31, 2022).

Objective	Through the Food is Health® program, increase access to health screenings among adults living in food deserts or low-income/low-access communities to 30 screenings from a baseline of zero by the end of year three (December 31, 2022).
Objective	Increase access to culturally appropriate nutritious food options among Food is Health® program participants through 80 produce vouchers distributed from a baseline of zero produce vouchers by the end of year three (December 31, 2022).
Goal	**Implement strategies that support existing community initiatives aimed to address the problem of low food access in the Hospital's PSA.**
Objective	Increase new partnerships with local community organizations in the Food is Health® program to four partners from a baseline of zero partners by the end of year three (December 31, 2022).
Objective	The Food is Health® community employee volunteer initiative will increase Hospital staff/team volunteer participation efforts with organizations addressing food security from a baseline of zero hours to 500 hours by the end of year three (December 31, 2022).

Hospital Contributions

- Provide community benefit staff to manage, implement and evaluate the Food is Health® program.
- Cover costs to provide free produce for Food is Health® program participants.
- Community benefit staff to actively participate in community meetings with partners addressing low food access.
- Community benefit staff and Hospital leadership teams to actively serve on community boards associated with addressing low food access.
- Community benefit staff to strategically align with internal Hospital case management teams and Care 360 teams to connect community members with resources to address low food access.
- Provide Hospital staff four hours of paid time per quarter to participate in volunteer activities addressing low food access.

Community Partners

- Collaborative relationships with local sites (churches, community centers, schools) to host Food is Health® classes.
- Florida Department of Health in Marion County to provide health education to individuals and families participating in Food is Health® classes.
- Local produce vendors to provide culturally appropriate nutritious food options among Food is Health® program participants.

PRIORITIES THAT WILL NOT BE ADDRESSED

The Community Health Needs Assessment also identified the following priority health needs that will not be addressed. These specific issues and an explanation of why the Hospital is not addressing them, are listed below.

Potential challenges or barriers to addressing a need:

1. The issue should not be addressed as an individual problem but can be indirectly impacted positively by first addressing multiple issues selected above by the Hospital's Community Health Needs Assessment Committee (CHNAC).

2. The CHNAC did not perceive the ability to have a measurable impact on the issue with the current resources available to the community and the Hospital.

1. Heart Disease

Heart disease is the leading cause of death in the U.S. The major risk factors for heart disease are high blood pressure, high cholesterol, being overweight/obese, and having an unhealthy diet. One in four deaths in the U.S. are due to heart disease. By managing blood pressure and cholesterol, eating a healthy diet and incorporating physical activity daily, the risk of developing heart disease could be greatly reduced. In the AdventHealth Ocala primary service area (PSA), the rate of death due to heart disease per 100,000 population is roughly 196, which is higher than the state rate of 150. The percentage of adults in the PSA with high blood pressure is 30% (71,776), 42% (111,261) of adults have high cholesterol and 7% (21,006) have been diagnosed with heart disease.

The CHNAC agreed that this issue is an important issue for the community. The Hospital decided that addressing this individual problem would be positively impacted by efforts to address food security, access to care and obesity.